

OMB #0970-0493  
Expiration: 07/31/2018



## MSHS Parent Interview Spring 2017

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## INTRODUCTION

(INTERVIEWER READS THIS TO PARENT.)

Hello, my name is \_\_\_\_\_. We would like to interview you about [MSHS CHILD]'s experiences in Migrant and Seasonal Head Start and other things related to (his/her) Migrant and Seasonal Head Start experience. Thank you for agreeing to talk with me.

As you may remember, the purpose of this study is to learn more about families in the Migrant and Seasonal Head Start Program and the different kinds of services that are provided to children and families.

The interview will take about 45 minutes of your time to complete. We will also ask you some questions about your child's behaviors. These questions will take an additional 15 minutes to complete. As a thank you, we will give you \$30 for your time completing the survey. We will also do some activities with your child at the MSHS center so that we can find out how MSHS programs can help children learn and grow. We will give your child a small toy that is worth about \$2 to thank him/her. We will also ask your child's teachers some questions about your child, to better understand your child's social skills, behaviors, and approaches to learning, and will observe your child's classroom.

Everything we talk about today will be kept private to the extent permitted by law. To protect your privacy, we have a Certificate of Confidentiality from the National Institutes of Health. We can use this to refuse by law to give information that may identify you. But, if we learn that a child or adult is in danger, by law we must report this. This could mean legal action. No one from your MSHS program will see or hear your answers or learn about how your child does on the activities. We will only report the results for parents and children as a group. We will not personally identify either you or your child in any report or materials from this study. I will ask you questions and type in your answers. If you have any questions at any time during this interview, please feel free to ask them. You may stop me at any time and you may ask me to go back to earlier questions to change your answers. There are no right or wrong answers to these questions.

Your participation is completely voluntary. If you choose not to complete this interview, it will not affect you or your child's participation in the Migrant and Seasonal Head Start Program.

The things you tell me are very important, so please answer as best as you can. Occasionally, I may have to ask a question that does not apply to you or may seem sensitive in nature. You may choose not to answer these questions or any others. If that happens, just tell me and I will move on to the next question.

Do you have any questions before we begin?

## SCREENER QUESTIONS

**1. MARK LANGUAGE USED FOR INTERVIEW:**

- English  
 Spanish  
 Other language (specify) \_\_\_\_\_

*Now, I would like to confirm some information about you and your child.*

**2. Before we get started, I would like to make sure we have your name written correctly. [READ NAME FROM CONSENT FORM TO RESPONDENT AND VERIFY SPELLING.]**

- Correct → GO TO SCREENER QUESTION 5  
 Incorrect

**3. May I have the correct spelling of your name?**

- Yes  
 No → GO TO SCREENER QUESTION 5  
 Don't know/Refused → GO TO SCREENER QUESTION 5

**4. RECORD CORRECT SPELLING OF RESPONDENT'S NAME.**

- a. FIRST NAME: \_\_\_\_\_  
b. MIDDLE NAME: \_\_\_\_\_  
c. LAST NAME: \_\_\_\_\_  
d. ADDITIONAL LAST NAME(S): \_\_\_\_\_

**5. Do you go by any other name besides [NAME OF RESPONDENT]? For example, do you use other names when completing paperwork?**

- Yes  
 No → GO TO SCREENER QUESTION 8  
 Don't know/Refused → GO TO SCREENER QUESTION 8

**6. Can you give me that name?**

- Yes  
 No → GO TO SCREENER QUESTION 8  
 Don't know/Refused → GO TO SCREENER QUESTION 8

**7. RECORD ADDITIONAL RESPONDENT NAMES.**

- a. FIRST NAME: \_\_\_\_\_  
b. MIDDLE NAME: \_\_\_\_\_  
c. LAST NAME: \_\_\_\_\_  
d. ADDITIONAL LAST NAME(S): \_\_\_\_\_

**8. What is your birth date?**

|\_|\_|/|\_|\_|/|\_1\_|\_9\_|\_|\_|  
MONTH DAY YEAR  
 Don't know/Refused

**9. Now, I would like to make sure we have your child's name written correctly. Is it [CHILD'S NAME]? [READ NAME FROM CONSENT FORM TO RESPONDENT AND VERIFY SPELLING.]**

- Yes, correct → GO TO SCREENER QUESTION 12  
 No, incorrect

**10. May I have the correct spelling of [HIS/HER]'s name?**

- Yes
- No → **GO TO SCREENER QUESTION 12**
- Don't know/Refused → **GO TO SCREENER QUESTION 12**

**11. RECORD CORRECT SPELLING OF MSHS CHILD'S NAME.**

- a. FIRST NAME: \_\_\_\_\_
- b. MIDDLE NAME: \_\_\_\_\_
- c. LAST NAME: \_\_\_\_\_
- d. ADDITIONAL LAST NAME(S): \_\_\_\_\_

**12. Is the [CHILD'S] birth date [MONTH/DAY/YEAR]? [Read date from consent form]**

- Yes → **GO TO SCREENER QUESTION 14**
- No
- Don't know/Refused → **GO TO SCREENER QUESTION 14**

**13. What is the correct birth date?**

|\_|\_|\_| / |\_|\_|\_| / |2|0|\_|\_|\_|  
 MONTH DAY YEAR

- Don't know/Refused

**14. I would like to talk with the person most responsible for [MSHS CHILD]'s care. Are you that person?**

- Yes → **GO TO SCREENER QUESTION 16**
- No → **GO TO SCREENER QUESTION 15; THEN END INTERVIEW**

**15. Who is the person most responsible for [MSHS CHILD]'s care?**

- a. NAME \_\_\_\_\_
- b. ADDRESS \_\_\_\_\_
- c. CITY \_\_\_\_\_
- d. STATE: |\_|\_|\_|
- e. |\_|\_|\_|-|\_|\_|\_|-|\_|\_|\_| TELEPHONE
- Don't know/Refused

**16. What is your sex? (SELECT ONE ONLY.)**

- Male
- Female
- Other
- Don't Know/Refused

**17. What is your relationship to [MSHS CHILD]? (CODE ONLY ONE.)**

- Biological mother
- Biological father
- Adoptive mother
- Adoptive father
- Stepmother
- Stepfather
- Grandmother
- Grandfather
- Great grandmother
- Great grandfather
- Sister/stepsister
- Brother/stepbrother
- Other relative or in-law (female)
- Other relative or in-law (male)
- Foster parent (female)
- Foster parent (male)
- Other non-relative (female)
- Other non-relative (male)
- Parent's partner (female)
- Parent's partner (male)
- Don't Know/Refused

**18. Is there a [male/female] who is also responsible for [MSHS CHILD]'s care? This is typically a [husband/wife] or the [MSHS CHILD's] biological [father/mother]. (OTHER CAREGIVER MUST BE THE RESPONDENT'S SPOUSE OR PARTNER, OR THE CHILD'S BIOLOGICAL PARENT. DO NOT CONSIDER OTHER EXTENDED FAMILY THAT TAKES CARE OF CHILD.)**

- Yes
- No → GO TO SECTION A (CHILD CHARACTERISTICS) QUESTION 1
- Don't Know/Refused → GO TO SECTION A (CHILD CHARACTERISTICS) QUESTION 1

**19. What is [OTHER CAREGIVER's] relationship to [MSHS CHILD]? (CODE ONLY ONE.)**

- MSHS Child's biological mother
- MSHS Child's biological father
- Stepmother
- Stepfather
- Parent's partner (female)
- Parent's partner (male)
- Adoptive mother
- Adoptive father
- Foster parent (female)
- Foster parent (male)
- Don't Know/Refused

**20. What is the first name of this person?**

First Name of "OTHER CAREGIVER": \_\_\_\_\_

Don't Know/Refused

**21. What is your relationship to [OTHER CAREGIVER]? (SELECT ONE ONLY.)**

Married

Not married but cohabiting/Living with a partner

Separated

Divorced

Other family member (Specify: \_\_\_\_\_)

Other (Specify: \_\_\_\_\_)

Don't Know/Refused

## A. CHILD CHARACTERISTICS

Now I am going to ask you some questions about your child.

1. Is [MSHS Child] a boy or a girl? (SELECT ONE.)

- Boy
- Girl
- Don't Know/Refused

2. What is [MSHS CHILD]'s race/ ethnicity? (Select one or more.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Don't Know/Refused

**IF RESPONDENT DID NOT SELECT "HISPANIC OR LATINO" GO TO QUESTION 4.**

3. Which Hispanic or Latino origin best describes your child? (Select one or more.)

- Mexican, Mexican-American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, and/or Latino origin (specify): \_\_\_\_\_
- Don't Know/Refused

4. In what country was [MSHS CHILD] born? (SELECT ONE ONLY.)

- U.S.A. → GO TO SECTION B
- Mexico
- Puerto Rico
- Central America (specify: \_\_\_\_\_)
- South America (specify: \_\_\_\_\_)
- Caribbean (specify: \_\_\_\_\_)
- Southeast Asia (Indonesia, Cambodia, Vietnam, Laos, Thailand)  
(specify: \_\_\_\_\_)
- Pacific Islands (The Philippines, Guam, Fiji, Etc.)  
(specify: \_\_\_\_\_)
- Asia (China, Japan, Korea, Etc.) (specify: \_\_\_\_\_)
- Africa (specify: \_\_\_\_\_)
- Other: \_\_\_\_\_ (specify: \_\_\_\_\_)
- Don't Know/Refused

5. In what year did [MSHS Child] first move to the United States?

- Year: | 2 | 0 | | | |
- Don't Know/Refused



## B. HOUSEHOLD MEMBER CHARACTERISTICS

Now I am going to ask you some questions about yourself and your family.

**1. What is your race/ ethnicity? (Select one or more.)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander \_
- White
- Don't Know/Refused

**IF RESPONDENT DID NOT SELECT HISPANIC OR LATINO, GO TO QUESTION 3.**

**2. Which Hispanic or Latino origin best describes you? (Select one or more.)**

- Mexican, Mexican-American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, and/or Latino origin (specify): \_\_\_\_\_
- Don't Know/Refused

**3. In what country were you born? (SELECT ONE ONLY.)**

- U.S.A. → GO TO QUESTION 6.
- Mexico
- Puerto Rico
- Central America (specify: \_\_\_\_\_)
- South America (specify: \_\_\_\_\_)
- Caribbean (specify: \_\_\_\_\_)
- Southeast Asia (Indonesia, Cambodia, Vietnam, Laos, Thailand)  
(specify: \_\_\_\_\_)
- Pacific Islands (The Philippines, Guam, Fiji, Etc.)  
(specify: \_\_\_\_\_)
- Asia (China, Japan, Korea, Etc.) (specify: \_\_\_\_\_)
- Africa (specify: \_\_\_\_\_)
- Other: \_\_\_\_\_ (specify: \_\_\_\_\_)
- Don't Know/Refused

**4. In what year did you first enter the U.S. to either work or live?**

- Year: \_\_\_\_\_
- Don't Know/Refused

**5. How many months or years have you spent in your home country since moving to the U.S., not counting time you may have spent in your home country?**

- Years: \_\_\_\_\_
- Months: \_\_\_\_\_
- Don't Know/Refused

**6. What is the highest grade or year of school you completed? (SELECT ONE ONLY.)**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> No school    | <input type="checkbox"/> 12th grade without a diploma   |
| <input type="checkbox"/> Preschool    | <input type="checkbox"/> High school diploma/equivalent   |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Vocational/technical program after high school without a diploma                     |
| <input type="checkbox"/> 1st grade    | <input type="checkbox"/> Vocational/technical diploma after high school                                       |
| <input type="checkbox"/> 2nd grade    | <input type="checkbox"/> Some college without a degree  |
| <input type="checkbox"/> 3rd grade    | <input type="checkbox"/> Associate's degree   |
| <input type="checkbox"/> 4th grade    | <input type="checkbox"/> Bachelor's degree  |
| <input type="checkbox"/> 5th grade    | <input type="checkbox"/> Some graduate or professional school without a degree                                |
| <input type="checkbox"/> 6th grade    | <input type="checkbox"/> Master's degree (MA, MS)   |
| <input type="checkbox"/> 7th grade    | <input type="checkbox"/> Doctoral degree (Ph.D., Ed.D.)   |
| <input type="checkbox"/> 8th grade    | <input type="checkbox"/> Professional degree after Bachelor's degree (Medicine/MD, Dentistry/DDS, Law/JD/LLB) |
| <input type="checkbox"/> 9th grade    | <input type="checkbox"/> Don't Know/Refused   |
| <input type="checkbox"/> 10th grade   |   |
| <input type="checkbox"/> 11th grade   |   |

**7. In what country did you complete the highest grade? (SELECT ONE ONLY.)**

- U.S.A.
- Mexico
- Puerto Rico
- Central America (specify: \_\_\_\_\_)
- South America (specify: \_\_\_\_\_)
- Caribbean (specify: \_\_\_\_\_)
- Southeast Asia (Indonesia, Cambodia, Vietnam, Laos, Thailand) (specify: \_\_\_\_\_)
- Pacific Islands (The Philippines, Guam, Fiji, Etc.) (specify: \_\_\_\_\_)
- Asia (China, Japan, Korea, Etc.) (specify: \_\_\_\_\_)
- Africa (specify: \_\_\_\_\_)
- Other: \_\_\_\_\_ (specify: \_\_\_\_\_)
- Don't Know/Refused

**Now I am going to ask you some questions about [OTHER CAREGIVER], the child's other primary caregiver. (GO TO QUESTION 15 IF THERE IS NO OTHER CAREGIVER; I.E., IF SCREENER QUESTION 18 IS 'NO' OR 'DON'T KNOW/REFUSED'.)**

**8. What is the race/ ethnicity of [OTHER CAREGIVER]? (Select one or more.)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander \_
- White
- Don't Know/Refused

**9. Which Hispanic or Latino origin best describes [OTHER CAREGIVER]? (Select one or more.)**

- Mexican, Mexican-American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, and/or Latino origin (specify): \_\_\_\_\_
- Don't Know/Refused

**10. In what country was [OTHER CAREGIVER] born?**

- U.S.A. → GO TO QUESTION 13.
- Mexico
- Puerto Rico
- Central America (specify: \_\_\_\_\_)
- South America (specify: \_\_\_\_\_)
- Caribbean (specify: \_\_\_\_\_)
- Southeast Asia (Indonesia, Cambodia, Vietnam, Laos, Thailand)  
(specify: \_\_\_\_\_)
- Pacific Islands (The Philippines, Guam, Fiji, Etc.)  
(specify: \_\_\_\_\_)
- Asia (China, Japan, Korea, Etc.) (specify: \_\_\_\_\_)
- Africa (specify: \_\_\_\_\_)
- Other: \_\_\_\_\_ (specify: \_\_\_\_\_)
- Don't Know/Refused

**11. In what year did [OTHER CAREGIVER] first enter the U.S. to either work or live?**

- Year: \_\_\_\_\_
- Don't Know/Refused

**12. How many years or months has [OTHER CAREGIVER] spent in your home country since moving to the U.S, not counting time [he/she] may have spent in [his/her] home country?**

- Years: \_\_\_\_\_
- Months: \_\_\_\_\_
- Don't Know/Refused

**13. What is the highest grade or year of school [OTHER CAREGIVER] completed? (SELECT ONE ONLY.)**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> No school    | <input type="checkbox"/> 12th grade without a diploma  |
| <input type="checkbox"/> Preschool    | <input type="checkbox"/> High school diploma/equivalent  |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Vocational/technical program after high school without a diploma                        |
| <input type="checkbox"/> 1st grade    | <input type="checkbox"/> Vocational/technical diploma after high school  |
| <input type="checkbox"/> 2nd grade    | <input type="checkbox"/> Some college without a degree   |
| <input type="checkbox"/> 3rd grade    | <input type="checkbox"/> Associate's degree  |
| <input type="checkbox"/> 4th grade    | <input type="checkbox"/> Bachelor's degree   |
| <input type="checkbox"/> 5th grade    | <input type="checkbox"/> Some graduate or professional school without a degree                                   |
| <input type="checkbox"/> 6th grade    | <input type="checkbox"/> Master's degree (MA, MS)  |
| <input type="checkbox"/> 7th grade    | <input type="checkbox"/> Doctoral degree (Ph.D., Ed.D.)  |
| <input type="checkbox"/> 8th grade    | <input type="checkbox"/> Professional degree after Bachelor's degree<br>(Medicine/MD, Dentistry/DDS, Law/JD/LLB) |
| <input type="checkbox"/> 9th grade    | <input type="checkbox"/> Don't Know/Refused  |
| <input type="checkbox"/> 10th grade   |  |
| <input type="checkbox"/> 11th grade   |  |

**14. In what country did [OTHER CAREGIVER] complete the highest grade?**

- U.S.A.
- Mexico
- Puerto Rico
- Central America (specify: \_\_\_\_\_)
- South America (specify: \_\_\_\_\_)
- Caribbean (specify: \_\_\_\_\_)
- Southeast Asia (Indonesia, Cambodia, Vietnam, Laos, Thailand)  
(specify: \_\_\_\_\_)
- Pacific Islands (The Philippines, Guam, Fiji, Etc.)  
(specify: \_\_\_\_\_)
- Asia (China, Japan, Korea, Etc.) (specify: \_\_\_\_\_)

- Africa (specify: \_\_\_\_\_)
- Other: \_\_\_\_\_ (specify: \_\_\_\_\_)
- Don't Know/Refused

***Now I am going to ask you some questions about your family.***

**15. What is your current marital status? (SELECT ONE ONLY.)**

- Married
- Cohabiting/Living with a partner
- Separated
- Divorced
- Widowed
- Single
- Other \_\_\_\_\_
- Don't Know/Refused

16. Who lives with [MSHS CHILD] and what is their relationship to [MSHS CHILD]? Please mention all family members and non-family members, including yourself.

[INTERVIEWER: DOCUMENT NUMBER OF INDIVIDUALS PER CATEGORY, ALSO, PROBE FOR AGE OF CHILDREN AND WHETHER THEY HAD EVER ATTENDED MSHS IN ANY LOCATION.]

- Biological Mother
- Stepmother/Mother figure
- Biological Father
- Stepfather/Father figure
- Aunt (# \_\_\_\_\_)
- Uncle (# \_\_\_\_\_)
- Grandmother/Great grandmother (# \_\_\_\_\_)
- Grandfather/Great grandfather (# \_\_\_\_\_)
- Godmother (# \_\_\_\_\_)
- Godfather (# \_\_\_\_\_)
- Male adult friend (# \_\_\_\_\_)
- Female adult friend (# \_\_\_\_\_)
- Sibling 1 (Age: \_\_\_\_\_, Went to MSHS? Y/N)
- Sibling 2 (Age: \_\_\_\_\_, Went to MSHS? Y/N)
- Sibling 3 (Age: \_\_\_\_\_, Went to MSHS? Y/N)
- Sibling 4 (Age: \_\_\_\_\_, Went to MSHS? Y/N)
- Sibling 5 (Age: \_\_\_\_\_, Went to MSHS? Y/N)
- Cousin 1 (Age: \_\_\_\_\_, Went to MSHS? Y/N)
- Cousin 2 (Age: \_\_\_\_\_, Went to MSHS? Y/N)
- Cousin 3 (Age: \_\_\_\_\_, Went to MSHS? Y/N)
- Cousin 4 (Age: \_\_\_\_\_, Went to MSHS? Y/N)
- Cousin 5 (Age: \_\_\_\_\_, Went to MSHS? Y/N)
- Other Child 1 (Age: \_\_\_\_\_, Went to MSHS? Y/N)
- Other Child 2 (Age: \_\_\_\_\_, Went to MSHS? Y/N)
- Other Child 3 (Age: \_\_\_\_\_, Went to MSHS? Y/N)

## C. HOUSEHOLD LINGUISTIC ABILITIES/PRACTICES

Now I am going to ask you some questions about your language use.

1. What are all the languages that you understand or speak, including indigenous languages? (SELECT ALL THAT APPLY.)

[INTERVIEWER: IF ONLY ENGLISH OR SPANISH ARE REPORTED, ASK SPECIFICALLY THE INDIGENOUS LANGUAGES LISTED BELOW.]

- English
- Spanish
- Haitian Creole
- Mixtec
- Kanjobal
- Zapotec
- Other language (specify): \_\_\_\_\_
- Don't Know/Refused

2. Now I am going to ask you some questions about how well you understand, speak, read, and write in different languages. (ALWAYS ASK ABOUT ENGLISH, THEN ONLY ASK ABOUT LANGUAGES THAT RESPONDENT INDICATED IN QUESTION C1.)

<i>How well do you _____ the language?</i>				
	<b>Understand</b>	<b>Speak</b>	<b>Read</b>	<b>Write</b>
<b>a. English</b>	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well <input type="checkbox"/> Don't Know/ Refused	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well <input type="checkbox"/> Don't Know/ Refused	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well <input type="checkbox"/> Don't Know/ Refused	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well <input type="checkbox"/> Don't Know/ Refused
<b>b. Other 1 Specify:</b> _____	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well <input type="checkbox"/> Don't Know/ Refused	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well <input type="checkbox"/> Don't Know/ Refused	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well <input type="checkbox"/> Don't Know/ Refused	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well <input type="checkbox"/> Don't Know/ Refused
<b>c. Other 2 Specify:</b> _____	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well <input type="checkbox"/> Don't Know/ Refused	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well <input type="checkbox"/> Don't Know/ Refused	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well <input type="checkbox"/> Don't Know/ Refused	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well <input type="checkbox"/> Don't Know/ Refused

Now I am going to ask you some questions about the languages that your child uses, and the languages that you use with your child.

3. Is your child talking yet? (SELECT ONE ONLY.)

- Yes
- No
- Don't Know/Refused

4. What language(s) does [MSHS CHILD] speak at home now? (SELECT ALL THAT APPLY.) [INTERVIEWER: IF ONLY ENGLISH OR SPANISH ARE REPORTED, ASK SPECIFICALLY THE INDIGENOUS LANGUAGES LISTED BELOW.]

- English
- Spanish
- Haitian Creole
- Mixtec
- Kanjobal
- Zapotec
- Other language (specify): \_\_\_\_\_
- Don't Know/Refused

5. What languages do you use to speak to [MSHS CHILD]? (INTERVIEWER: SELECT ALL THAT APPLY. IF ONLY ENGLISH OR SPANISH ARE REPORTED, ASK SPECIFICALLY THE INDIGENOUS LANGUAGES LISTED BELOW. IF MORE THAN ONE LANGUAGE REPORTED, ASK RESPONDENT TO RANK THE LANGUAGES IN TERMS OF HOW FREQUENTLY THEY SPEAK THE LANGUAGE WITH MSHS CHILD, WHERE 1 = MOST FREQUENTLY USED LANGUAGE.)

- # \_\_\_ English
- # \_\_\_ Spanish
- # \_\_\_ Haitian Creole
- # \_\_\_ Mixtec
- # \_\_\_ Kanjobal
- # \_\_\_ Zapotec
- # \_\_\_ Other language (specify): \_\_\_\_\_
- Don't Know/Refused

6. How much [LANGUAGE #1 IDENTIFIED in QUESTION C5] and [LANGUAGE #2 IDENTIFIED IN QUESTION C5] do you use when speaking to [MSHS CHILD]? (SELECT ONE ONLY.)

- All [LANGUAGE #1]
- More [LANGUAGE #1] than [LANGUAGE #2]
- The same amount of [LANGUAGE #1] and [LANGUAGE #2]
- More [LANGUAGE #2] than [LANGUAGE #1]
- All [LANGUAGE #2]
- Don't Know/Refused

7. How much English do you speak to [MSHS CHILD]? (SELECT ONE ONLY.)

- None or a few words
- A little
- Some
- A lot
- Don't Know/Refused

8. What languages do other adults in your household 18 and older use when SPEAKING to [MSHS CHILD] at home? (SELECT ALL THAT APPLY. SKIP IF NO OTHER ADULTS IN HOUSEHOLD; SEE QUESTION B16.)

- English
- Spanish
- Haitian Creole
- Mixtec
- Kanjobal
- Zapotec
- Other language (specify): \_\_\_\_\_
- Don't Know/Refused

9. What languages do other children in your household use when SPEAKING to [MSHS CHILD] at home? Include all the languages spoken by children in your household who are 17 and

**younger. (SELECT ALL THAT APPLY. SKIP IF NO OTHER CHILDREN IN HOUSEHOLD; SEE QUESTION B16.)**

- English
- Spanish
- Haitian Creole
- Mixtec
- Kanjobal
- Zapotec
- Other language (specify): \_\_\_\_\_
- Don't Know/Refused



## D. CHILD HEALTH

Now I am going to ask you some questions about [MSHS CHILD]'s health.

1. Overall, would you say [MSHS CHILD]'s health is... (SELECT ONE ONLY.)
  - Excellent
  - Very Good
  - Good
  - Fair
  - Poor
  - Don't Know
  - Don't Know/Refused
  
2. When [YOU WERE/MSHS CHILD'S MOTHER WAS] pregnant with [MSHS CHILD], did you/[MSHS CHILD'S MOTHER] see a doctor or go to a clinic for prenatal care? (SELECT ONE ONLY.)
  - Yes
  - No
  - Don't Know/Refused
  
3. Was [MSHS CHILD] born prematurely, like more than two weeks before [he/she] was due? (SELECT ONE ONLY.)
  - Yes
  - No
  - Don't Know/Refused
  
4. How much did [MSHS CHILD] weigh when (he/she) was born?  
Number of pounds, number of ounces: \_\_\_\_\_
  - Don't Know/Refused
  
5. Did [YOU/CHILD'S MOTHER] ever breast-feed [MSHS CHILD]? (SELECT ONE ONLY.)
  - Yes
  - No
  - Don't Know/Refused
  
6. Does [MSHS CHILD] have teeth yet?
  - Yes
  - No → GO TO QUESTION 10
  - Don't Know/Refused
  
7. How many times a day are [MSHS CHILD]'s teeth brushed at home?  
\_\_\_\_\_ times per day
  - Don't Know/Refused
  
8. Has [MSHS CHILD] gone to the dentist in the past year? (SELECT ONE ONLY.)
  - Yes
  - No
  - Don't Know/Refused

9. How many of your child's teeth have cavities or fillings, or need them?  
 \_\_\_\_\_ teeth

10. When was the last time [MSHS CHILD] saw a medical doctor for a regular checkup? (SELECT ONE ONLY.)

- Less than 3 months ago
- 3-6 months ago
- 6 months- 1 year ago
- 1-2 years ago
- More than 2 years ago
- Never
- Don't Know/Refused

11. Has [MSHS CHILD] received all, most, some, or none of their vaccinations for his/her age? (SELECT ONE ONLY.)

- All
- Most
- Some
- (He/she) never received immunizations
- Don't Know/Refused

12. When you take [MSHS CHILD] in a car or truck, how is (he/she) usually seated? (SELECT ONE ONLY.)

- Car seat with its own straps
- Booster seat used with seatbelt
- Seatbelt by itself
- Parent's lap
- No restraint
- Don't Know/Refused

13. Does [MSHS Child] have... (SELECT ONE PER ROW.)

	Yes	No	Don't Know/Refused
a. Difficulty seeing objects in the distance or letters on paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Any physical development issues such as problems with the way (he/she) uses (his/her) arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Difficulty with speech or communicating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A developmental disability or delay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Behavioral trouble or difficulty paying attention to learn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. (SELECT ONE PER ROW). IF YES, Does [MSHS CHILD]'s [CONDITION] prevent him/her from doing any normal activities like going to school or playing with other children? (SELECT ONE ONLY.)**

In the past year, has a doctor, nurse, or other medical professional told you that...				If yes, does condition prevent normal activities...	
	Yes	No	Don't Know/ Refused	Yes	No
a. [MSHS CHILD] has a serious medical condition such as a heart defect, epilepsy or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [MSHS CHILD] is allergic to things such as dust, animals, or medicines or to certain foods such as peanuts or milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. [MSHS CHILD] has asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. [MSHS CHILD] has diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. [MSHS Child] has an ear infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. [MSHS CHILD]'s weight is too low?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. [MSHS CHILD]'s weight is too high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Have another medical condition? (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E. WORK AND RESOURCES

Now, let's talk about the places you work.

1. Approximately how many total years have you done agricultural work in the U.S.?  
Years: \_\_\_\_\_  
 Don't Know/Refused
2. Are you currently working? (SELECT ONE ONLY.)  
 Yes  
 No → GO TO QUESTION 7  
 Don't Know/Refused → GO TO QUESTION 7
3. What type of work do you do? (SELECT ALL THAT APPLY.)  
 Agricultural Work  
 Non-Agricultural Work → GO TO QUESTION 6  
 Don't Know/Refused → GO TO QUESTION 6
4. What type of agricultural work do you do? (SELECT ALL THAT APPLY AND SPECIFY.)  
 Fruits (Specify: \_\_\_\_\_)  
 Nuts (Specify: \_\_\_\_\_)  
 Vegetables (Specify: \_\_\_\_\_)  
 Trees and Shrubs (Specify: \_\_\_\_\_)  
 Flowers and Grasses (Specify: \_\_\_\_\_)  
 Livestock (Specify: \_\_\_\_\_)  
 Poultry (Specify: \_\_\_\_\_)  
 Fishery (Specify: \_\_\_\_\_)  
 Other Agricultural Work (Specify: \_\_\_\_\_)  
 Don't Know/Refused
5. What is your agricultural job? (SELECT ALL THAT APPLY.)  
 Planting  
 Picking or harvesting  
 Packing  
 Pesticide and/or herbicide application  
 Fertilization and Pollination  
 Collection of meat, fur, skins, feathers, eggs, milk, or honey (etc.)  
 Animal care (feed, herd, brand, weigh, clean, breed, shear, etc.)  
 Farm maintenance (working with machinery, fixing fences, irrigation)  
 Transportation  
 Supervising  
 Other (Specify: \_\_\_\_\_)  
 Don't Know/Refused
6. How long have you been working at this location?  
\_\_\_\_\_ (Specify unit: days, weeks, months, years)  
 Don't Know/Refused

Now I have some questions about [OTHER CAREGIVER]. (GO TO QUESTION 14 IF THERE IS NO OTHER CAREGIVER; I.E., IF SCREENER QUESTION 18 IS 'NO' OR 'DON'T KNOW/REFUSED'.)

7. Approximately how many total years has [OTHER CAREGIVER] done agricultural work in the U.S.?  
Years: \_\_\_\_\_  
 Don't Know/Refused

8. Is [OTHER CAREGIVER] currently working? (SELECT ONE ONLY.)

- Yes
- No → GO TO QUESTION 13
- Don't Know/Refused → GO TO QUESTION 13

9. What type of work does [OTHER CAREGIVER] do? (SELECT ALL THAT APPLY).

- Agricultural Work
- Non-Agricultural Work → GO TO QUESTION 12
- Don't Know/Refused → GO TO QUESTION 12

10. What type of agricultural work does [OTHER CAREGIVER] do? (SELECT ALL THAT APPLY AND SPECIFY.)

- Fruits (Specify: \_\_\_\_\_)
- Nuts (Specify: \_\_\_\_\_)
- Vegetables (Specify: \_\_\_\_\_)
- Trees and Shrubs (Specify: \_\_\_\_\_)
- Flowers and Grasses (Specify: \_\_\_\_\_)
- Livestock (Specify: \_\_\_\_\_)
- Poultry (Specify: \_\_\_\_\_)
- Fishery (Specify: \_\_\_\_\_)
- Other Agricultural Work (Specify: \_\_\_\_\_)
- Don't Know/Refused

11. What is [OTHER CAREGIVER]'s agricultural job? (SELECT ALL THAT APPLY.)

- Planting
- Picking or harvesting
- Packing
- Pesticide and/or herbicide application
- Fertilization and Pollination
- Collection of meat, fur, skins, feathers, eggs, milk, or honey (etc.)
- Animal care (feed, herd, brand, weigh, clean, breed, shear, etc.)
- Farm maintenance (working with machinery, fixing fences, irrigation)
- Transportation
- Supervising
- Other (Specify: \_\_\_\_\_)
- Don't Know/Refused

12. How long has [OTHER CAREGIVER] been working at this location?

\_\_\_\_\_ (Specify unit: days, weeks, months, years)

- Don't Know/Refused

13. Within the past 3 years, did you or [OTHER CAREGIVER] travel more than 75 miles or spend the night away from your home or permanent address for the purpose of agricultural work? (ONLY ASK ABOUT OTHER CAREGIVER IF SCREENER QUESTION 18 IS 'NO' OR 'DON'T KNOW/REFUSED'.)

- Yes
- No
- Don't Know /Refused

14. Last year (in 2016) what was your family's total income from all types of work you did, in U.S. dollars?

- |  |   |
|--|---|
| <input type="checkbox"/> Don't Know/Refused          | <input type="checkbox"/> 25,000 TO 27,499 |
| <input type="checkbox"/> Did not work at all in 2016 | <input type="checkbox"/> 27,500 TO 29,999 |
| <input type="checkbox"/> Less than 2,500             | <input type="checkbox"/> 30,000 TO 32,499 |
| <input type="checkbox"/> 2,500 TO 4,999              | <input type="checkbox"/> 32,500 TO 34,999 |

- 5,000 TO 7,499
- 7,500 TO 9,999
- 10,000 TO 12,499
- 12,500 TO 14,999
- 15,000 TO 17,499
- 17,500 TO 19,999
- 20,000 TO 22,499
- 22,500 TO 24,999
- 35,000 TO 37,499
- 37,500 TO 39,999
- 40,000 TO 44,999
- 45,000 TO 54,999
- 55,000 TO 59,999
- 60,000 or more
- Don't Know/Refused

**15. How much of that income was from agricultural employment?**

- |  |   |
|--|---|
| <input type="checkbox"/> Don't Know/Refused          | <input type="checkbox"/> 25,000 TO 27,499   |
| <input type="checkbox"/> Did not work at all in 2016 | <input type="checkbox"/> 27,500 TO 29,999   |
| <input type="checkbox"/> Less than 2,500             | <input type="checkbox"/> 30,000 TO 32,499   |
| <input type="checkbox"/> 2,500 TO 4,999              | <input type="checkbox"/> 32,500 TO 34,999   |
| <input type="checkbox"/> 5,000 TO 7,499              | <input type="checkbox"/> 35,000 TO 37,499   |
| <input type="checkbox"/> 7,500 TO 9,999              | <input type="checkbox"/> 37,500 TO 39,999   |
| <input type="checkbox"/> 10,000 TO 12,499            | <input type="checkbox"/> 40,000 TO 44,999   |
| <input type="checkbox"/> 12,500 TO 14,999            | <input type="checkbox"/> 45,000 TO 54,999   |
| <input type="checkbox"/> 15,000 TO 17,499            | <input type="checkbox"/> 55,000 TO 59,999   |
| <input type="checkbox"/> 17,500 TO 19,999            | <input type="checkbox"/> 60,000 or more     |
| <input type="checkbox"/> 20,000 TO 22,499            | <input type="checkbox"/> Don't Know/Refused |
| <input type="checkbox"/> 22,500 TO 24,999            |   |

**16. (SELECT ONE PER ROW.)**

	Yes	No	Don't Know/Refused
a. Do you have enough money each month to make ends meet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have difficulty paying your bills each month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you worry about your food running out before you have money to buy more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. In the last 12 months, did [MSHS CHILD] ever eat less than you felt s/he should because there wasn't enough money to buy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you have enough diapers to change [MSHS CHILD] after each soiling? (SKIP IF CHILD AGE 3 OR OLDER; SEE SCREENER QUESTIONS 12 & 13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Are you able to take showers/baths as frequently as you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Are you able to wash your clothes when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## F. HOUSEHOLD MEMBERS' HEALTH

*Now I am going to ask you some questions about your health and your family's health.*

1. **Would you say your health in general is ... (SELECT ONE ONLY.)**
  - Excellent
  - Very Good
  - Good
  - Fair
  - Poor
  - Don't Know/Refused
  
2. **How much pain have you had during the past 4 weeks? (SELECT ONE ONLY.)**
  - None
  - Very Mild
  - Moderate
  - Severe
  - Very Severe
  - Don't Know/Refused
  
3. **How much exhaustion have you felt during the past 4 weeks? (SELECT ONE ONLY.)**
  - Not at all
  - Very Mild
  - Moderate
  - Severe
  - Very Severe
  - Don't Know/Refused
  
4. **In the last 12 months, have you been exposed to, loaded, mixed or applied pesticides? (SELECT ALL THAT APPLY.)**
  - Yes, exposed to
  - Yes, loaded, mixed or applied
  - No → **GO TO QUESTION 6**
  - Don't Know/Refused → **GO TO QUESTION 6**
  
5. **Which of the following classes of pesticides have you been exposed to, loaded, mixed or applied in the last 12 months? (SELECT ALL THAT APPLY.)**
  - Insecticide
  - Herbicide
  - Fungicide
  - Rodenticide
  - Other (specify): \_\_\_\_\_
  - Don't know type
  - Don't Know/Refused



**Now I have some questions about [OTHER CAREGIVER]. (GO TO QUESTION 9 IF THERE IS NO OTHER CAREGIVER; I.E., IF SCREENER QUESTION 18 IS 'NO' OR 'DON'T KNOW/REFUSED'.)**

**6. Would you say the health of [OTHER CAREGIVER] is ... (SELECT ONE ONLY.)**

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't Know/Refused

**7. In the last 12 months, has [OTHER CAREGIVER] been exposed to, loaded, mixed or applied pesticides? (SELECT ONE ONLY.)**

- Yes, exposed to
- Yes, loaded, mixed, or applied
- No → **GO TO QUESTION 9**
- Don't Know/Refused → **GO TO QUESTION 9**

**8. Which of the following classes of pesticides was [OTHER CAREGIVER] exposed to, load, mix or apply in the last 12 months? (SELECT ALL THAT APPLY.)**

- Insecticide
- Herbicide
- Fungicide
- Rodenticide
- Other (specify): \_\_\_\_\_
- Don't know type
- Don't Know/Refused

**Now I have some questions about how you have felt in the past week.**

**9. How often during the past week have you ... (SELECT ONE PER ROW.)**

	Rarely or Never	Some or a little of the time	Occasionally or a moderate amount of time	Most or all of the time	Don't Know/ Refused
a. Been bothered by things that usually don't bother you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did not feel like eating your appetite was poor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Could not shake off the blues, even with help from your family and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Had trouble keeping your mind on what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Felt depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Felt that everything you did was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Felt fearful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Slept restlessly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Felt happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

j. Talked less than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Felt lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Felt sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Felt unable to “get going”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. People were unfriendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Enjoyed life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Felt that people disliked you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

**10. Now, I will ask you questions about experiences that some families who do agricultural work have reported as stressful.**

	Yes	No	Not at all stressful	Somewhat stressful	Moderately stressful	Extremely stressful	Don't Know/ Refused
a. Is it difficult to be away from family members? (If yes) How stressful is this for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you sometimes have difficulty finding a place to live? (If yes) How stressful is this for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you experienced discrimination in this country? (If yes) How stressful is this for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Was migrating to this country difficult? (If yes) How stressful is this for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you sometimes have difficulty finding a job? (If yes) How stressful is this for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you worry about your children's education? (If yes) How stressful is this for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. Now, I will ask you questions about experiences that some families who do agricultural work have reported as helpful to their families for staying strong. How helpful is/are \_\_\_\_\_ to you and your family?**

	Not at all helpful	Somewhat helpful	Moderately helpful	Extremely helpful	Refused
a. Your partner/Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A belief in God or your faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dedicating yourself to your children's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A belief that working hard will lead to a better life for your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions are about the health insurance plans for you and your household.**

**12. Is [MSHS CHILD] currently covered by health insurance? (SELECT ONLY ONE.)**

- Yes
- No
- Don't Know/Refused

**13. Since ([MSHS CHILD] was born, was there any time when (he/she) did not have any health insurance coverage? (SELECT ONE ONLY.)**

- Yes
- No
- Don't Know/Refused

**14. Has MSHS helped you find medical care or a doctor for [MSHS CHILD]? (SELECT ONE ONLY.)**

- Yes
- No, I did not need help from MSHS
- No, I could use this help but did not receive it from MSHS
- Don't Know/Refused

**15. Is [MSHS CHILD] currently covered by dental insurance? (SELECT ONE ONLY.)**

- Yes
- No
- Don't Know/Refused

**16. Did MSHS help you find dental care for [MSHS CHILD]? (SELECT ONE ONLY.)**

- Yes
- No, I did not need help from MSHS
- No, I could use this help but did not receive it from MSHS
- Don't Know/Refused

**17. In the past year has there been a time when you or a family member needed medical attention but did not receive it because you did not have insurance or the money to pay for it? (SELECT ONE ONLY.)**

- Yes
- No
- Don't Know/Refused

## G. RAISING A CHILD

The next set of questions is about your child's daily schedule.

1. Where does [MSHS CHILD] usually sleep at night? (SELECT ONE ONLY.)

- In crib
- Own bed
- In a bed with parents
- In a bed with individuals other than parents
- On sofa
- Sleeps alone on a mattress on the floor
- Share a mattress on the floor with family members
- On the floor without a mattress
- Other(Specify): \_\_\_\_\_
- Don't Know/Refused

2. At about what time does [MSHS CHILD] fall asleep at night?

|    
 HOUR MINUTES AM / PM  
 Don't Know/Refused

3. At about what time does [MSHS CHILD] wake up in the morning?

|    
 HOUR MINUTES AM / PM  
 Don't Know/Refused

4. Does [MSHS Child] usually wake up at night?

- Yes
- No → GO TO QUESTION 6.

5. Approximately how many minutes/hours is [MSHS Child] awake at night?

Minutes/hours per night: \_\_\_\_\_  
 Does not wake up at night  
 Don't Know/Refused

6.

	Never	Rarely	Sometimes	Always	Refused
a. How often do you express your affection by hugging, kissing, and holding your [child/children]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are there times when you just don't have the energy to make your [child/children] behave as [he/she/they] should?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often do you have difficulty sticking with your rules for your [child/children]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next set of questions is about things that you may do with your child.

7. In the past week, how many days did you or someone in your family do the following things with [MSHS CHILD]? (SELECT ONE PER ROW. SKIP QUESTIONS 8.A-8.G IF CHILD IS < 2 YEARS; SEE SCREENER QUESTIONS 12 & 13)

	5-7 days a week	3-4 days a week	1-2 days a week	0 days	Don't Know/ Refused
a. Taught (him/her) letters, words, or numbers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Counted different things with (him/her)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Worked on arts and crafts with (him/her)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Played a game, sport, or exercised together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Played with toys or games indoors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Talked about what happened in MSHS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Involved (him/her) in household chores like cooking, cleaning, setting the table?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Read or look at books with (him/her)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Tell stories to (him/her)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Sang songs with (him/her)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Dance with (him/her)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Took (him/her) along while doing errands like going to the store?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Took (him/her) to a religious service or event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. About how many children's books does [MSHS CHILD] have in your home now, including library books? Please only include books that are for children.

Number of books: \_\_\_\_\_ → IF ZERO GO TO QUESTION 10.

Don't Know/Refused

9. Are these books...

- Mostly in Spanish and some in English  
 Equal amount in Spanish and in English  
 Mostly in English and some in Spanish  
 Other language (specify): \_\_\_\_\_  
 Don't Know/Refused

10. How often do you....

	Never	Rarely	Sometimes	Always	Don't Know/ Refused
a. Fight in your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lose your tempers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Get so angry you throw things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Criticize each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Hit each other?

**H. HOUSING**

1. In the past two years, how many times did your family move?

Number of times: \_\_\_\_\_ → IF ZERO GO TO QUESTION 4.

Don't Know/Refused

2. Can you tell me all the places you lived the last 2 years, starting with the most recent location and working back?

Town 1:	_____	State 1:	_____	Country 1:	_____
Town 2:	_____	State 2:	_____	Country 2:	_____
Town 3:	_____	State 3:	_____	Country 3:	_____
Town 4:	_____	State 4:	_____	Country 4:	_____
Town 5:	_____	State 5:	_____	Country 5:	_____
Town 6:	_____	State 6:	_____	Country 6:	_____

Don't Know/Refused

3. Why did you leave these locations? (SELECT ALL THAT APPLY.)

- My job or my partner's job ended, or would be ending soon.
- We heard of another opportunity
- We no longer had a place to live
- The Migrant and Seasonal Head Start center closed
- We were not able to get health care or social services
- It was expensive to live there
- Other (Specify): \_\_\_\_\_
- Don't Know/Refused

4. What type of housing does [MSHS CHILD] live in now? (SELECT ONE ONLY).

- Single-family home
- Townhome/ duplex
- Apartment
- Mobile home/trailer
- Motel or hotel
- Dormitory or barracks
- Campsite or tent
- Without shelter
- Other (Specify): \_\_\_\_\_
- Don't Know/Refused

5. Where is [MSHS CHILD'S] housing located? (SELECT ONE ONLY.)

- Off farm and not owned/administered by employer
- Off farm and owned/ administered by employer
- On farm
- Other (Specify): \_\_\_\_\_
- Don't Know/Refused

**6. Why did you choose to live in this community? (SELECT ALL THAT APPLY.)**

- I/ We heard that there were jobs available
- I/We have friends or relatives who live in this area
- I/We knew there was a place for our family to live while in the area
- I/We knew that Migrant and Seasonal Head Start services would be available
- I/We knew that other child care would be available
- I/We knew that health care and social services (such as welfare or food stamps) were easy to get
- It is cheap to live here
- This is my home base
- Other (Specify: \_\_\_\_\_)
- Don't Know/Refused

**7. Does [MSHS CHILD'S] home have adequate...? (SELECT ONE ONLY.)**

	Yes	No	Don't Know/ Refused
a. Plumbing/Bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cooking appliances (like stove, oven)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. How many minutes does it take for [MSHS CHILD] to get from [HIS/HER] home to the MSHS center? (SELECT ONE.)**

- 5 – 15 minutes
- 16 – 30 minutes
- 31 – 45 minutes
- 46 – 60 minutes
- Over 60 minutes
- Don't Know/Refused

**9. What type of transportation does [MSHS CHILD] use to get from [HIS/HER] home to the MSHS center? (SELECT ALL THAT APPLY.)**

- Migrant and Seasonal Head Start bus
- Other Migrant and Seasonal Head Start transportation
- Parent or Relative drives
- Employer drives
- Public transportation
- Walk
- Other (Specify: \_\_\_\_\_)
- Don't Know/Refused



**I. CHILD CARE ARRANGEMENTS AND MSHS INVOLVEMENT**

Location	1. Was [MSHS CHILD] with you?	2. While you were [at location] what kind of child care did [MSHS CHILD] receive? (Read options out loud. SELECT ALL THAT APPLY.)	3. While (AT LOCATION), did [MSHS CHILD] ever have to go with you to your agricultural work, even one time? (SKIP IF RESPONDENT NEVER WORKED IN AGRIGULTURAL WORK; I.E. IF QUESTION E1 IS ZERO.)
CURRENT LOCATION	N/A	When [MSHS Child] isn't at this center, what kind of child care does he/she have? <input type="checkbox"/> Cared for by adult in child's home <input type="checkbox"/> Cared for by adult at a home, but out of child's home <input type="checkbox"/> Cared for by other child <input type="checkbox"/> Taken to work with parent <input type="checkbox"/> Home alone <input type="checkbox"/> Don't Know/Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Refused
<i>Earlier, you told us you moved to CITY 1]. When you lived here...</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know/Refused	<input type="checkbox"/> Cared for at center (Specify name[s] of center[s]:_____) <input type="checkbox"/> Cared for by adult in child's home <input type="checkbox"/> Cared for by adult at a home, but out of child's home <input type="checkbox"/> Cared for by other child <input type="checkbox"/> Taken to work with parent <input type="checkbox"/> Home alone <input type="checkbox"/> Don't Know/Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Refused
<i>Earlier, you told us you moved to CITY 2]. When you lived here...</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know/Refused	<input type="checkbox"/> Cared for at center (Specify name[s] of center[s]:_____) <input type="checkbox"/> Cared for by adult in child's home <input type="checkbox"/> Cared for by adult at a home, but out of child's home <input type="checkbox"/> Cared for by other child <input type="checkbox"/> Taken to work with parent <input type="checkbox"/> Home alone <input type="checkbox"/> Don't Know/Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Refused
<i>Earlier, you told us you moved to CITY 3]. When you lived here...</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know/Refused	<input type="checkbox"/> Cared for at center (Specify name[s] of center[s]:_____) <input type="checkbox"/> Cared for by adult in child's home <input type="checkbox"/> Cared for by adult at a home, but out of child's home <input type="checkbox"/> Cared for by other child <input type="checkbox"/> Taken to work with parent	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Refused

- 
- Home alone
  - Don't Know/Refused
-

**4. When did [MSHS CHILD] start attending [Insert name of Migrant and Seasonal Head Start Center]?**

Month:

- January     February     March     April     May     June  
 July     August     September     October     November     December

Year: \_\_\_\_\_

- Don't Know/Refused

**5. Is this [MSHS CHILD'S] first time in Migrant and Seasonal Head Start? (SELECT ONE ONLY.)**

- Yes  
 No, attended at a different location  
 Don't Know/Refused

**6. For how many months or years has [MSHS CHILD] attended any Migrant and Seasonal Head Start program in all of the places you have ever lived?**

Length of time (specify unit - months or years): \_\_\_\_\_

- Don't Know/Refused

**7. Does your family plan your moves to other locations based on Migrant and Seasonal Head Start locations?**

- Yes  
 No  
 Don't Know/Refused

**8. Would you recommend Migrant and Seasonal Head Start to other families?**

- Yes  
 No  
 Don't Know/Refused

**9. Why did you want [MSHS CHILD] to attend Migrant and Seasonal Head Start? (SELECT ALL THAT APPLY.)**

- To prepare my child for a school education  
 To access health and dental services  
 Because I knew my child would receive meals and snacks during the day  
 My child has a disability, and Migrant and Seasonal Head Start knows how to work with children with disabilities  
 Because it is free/there is no cost  
 It is the only full-day care available  
 I needed child care services for my child  
 MSHS provides quality care, safety, good staffing  
 MSHS helps my child's development (socialization, communication)  
 To learn English  
 So my child does not need to go to the field/ keep my child safe  
 Other (Specify): \_\_\_\_\_  
 Don't Know/Refused

**10. How often do you receive information from the MSHS about [MSHS CHILD] or the program activities? (SELECT ONE ONLY.)**

- More than once a week
- Once a week
- 2-3 times a month
- Once a month
- A few times a year
- Don't Know/Refused

**11. How do you receive this information? (SELECT ALL THAT APPLY).**

- In person at the center
- In person at the bus stop
- In person at home
- By telephone
- In Writing
- Don't Know/Refused

**12. Please indicate how often you have participated in the following activities at [MSHS CHILD]'s center since the beginning of this season. For each one, tell me if that is not yet, once or twice, several times, about once a month, or at least once a week. How often have you ... (SELECT ONE PER ROW.) How often have you....**

	Not yet	Once or twice	Several times	About once a month	At least once a week	Don't Know/Refused
a. Volunteered or helped out in [MSHS CHILD]'s classroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Attended Head Start social events for children and families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Attended parent education meetings or workshops focusing on topics such as job skills or child-rearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attended parent-teacher conferences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Visited with a MSHS staff member in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Participated in a parent Committee or other Head Start planning groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Any other Head Start Activities? (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. At [Insert name of Migrant and Seasonal Head Start Center], How often is someone available and able to speak to you in your preferred language? (SELECT ONE.)**

- Always
- Almost Always
- Sometimes
- Almost Never
- Never
- Don't Know/Refused

**14. During the past year, have you or anyone in your household received any of the following from [PROGRAM]?**

	Yes	No	Don't Know/Refused
a. Help finding good child care when child is not at [MSHS center]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help getting to and from work or other places (transportation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Short-term help getting or paying for things you need in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help finding a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Education or job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Help finding or paying for housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Help finding health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Help finding mental health or substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Help with utilities (running water, hot water, heat, telephone service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Food and nutrition assistance—like Food Stamps or WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Income assistance--like welfare TANF, SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Classes in English as a Second Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Advice from a lawyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. Please tell me if any of the following have kept you from participating as much as you would like in [MSHS CHILD]'s MSHS program this past season? (SELECT ALL THAT APPLY.)**

- Work schedule
- Transportation
- Migrant and Seasonal Head Start doesn't provide enough opportunities to participate
- Uncomfortable because of language or cultural differences
- Concern for safety while getting to the center
- Other (Specify): \_\_\_\_\_
- Don't Know/Refused

**16. What are the major ways Migrant and Seasonal Head Start helped [MSHS CHILD] this season? (SELECT ALL THAT APPLY.)**

- Child had a place to go
- Kept child safe
- Improved health
- Get ready for school
- Taught responsibility
- Made child happy
- Improved language skills
- Improved literacy skills
- Helped child make friends
- Improved child's behavior
- Other (Specify): \_\_\_\_\_
- Don't Know/Refused

**17. What are the major ways Migrant and Seasonal Head Start helped your family this season? (SELECT ALL THAT APPLY.)**

- Provided steady child care
- Served as a resource for information
- Provided material resources
- Provided links to medical and dental care
- Improved parenting skills
- Provide links to other community resources
- Provided a safe place for families to gather
- Health care
- Finances
- Addressing family conflict
- Other (specify): \_\_\_\_\_
- Don't Know/Refused

**18. If Migrant and Seasonal Head Start programs were to receive more money, how should the programs use the money to better serve children and families? (SELECT ALL THAT APPLY.)**

- Extending hours per day
- Extending days per week
- Extending weeks or months to season
- Educational materials
- Professional staff
- Facilities
- Child safety
- Food
- Transportation
- Other (specify): \_\_\_\_\_
- Don't Know/Refused